

**Justification for CACFP Reimbursement** Sponsor Name\_\_\_\_\_ CNIPS ID#\_\_\_\_\_

Month	Food	Non-Food	Program Labor	Administrative	Total Expenditures By Month	Reimbursement Amount	Difference	% Spent On Food
Oct.								
Nov.								
Dec.								
<b>Total</b>								
Jan.								
Feb.								
Mar.								
<b>Total</b>								
Apr.								
May								
June								
<b>Total</b>								
July								
Aug.								
Sept.								
<b>Total</b>								
<b>Total for The year</b>								

*\*FNS 796-2(IVI) and 7 CFR 226.15(e)(6)*